

1. CIR/DIST/DIV. CODE GUX		2. PERSON REPRESENTED CHEN, XIAO PING		VOUCHER NUMBER																																																																																																																																																	
3. MAG. DKT./DEF. NUMBER 1:06-000016-001		4. DIST. DKT./DEF. NUMBER 1:06-00023-003		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. CHEN		8. PAYMENT CATEGORY Petty Offense																																																																																																																																																	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.P -- IMPROPER ENTRY BY ALIEN -- FIRST OFFENSE																																																																																																																																																	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS GAVRAS, WILLIAM L. 2ND FLOOR J AND R BUILDING 208 ROUTE 4 HAGATNA GU 96910 Telephone Number: (671) 472-2302			13. COURT ORDER X O Appointing Counsel C Co-Counsel F Subs For Federal Defender R Subs For Retained Attorney P Subs For Panel Attorney Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ X Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other (See Instructions) <i>Leilani R. Toves Hernandez</i> 10/24/2006 Signed by: <i>[Signature]</i> 09/18/2007 9/07/2006 Date of Order _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES X NO																																																																																																																																																		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																					
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